

## FA1 – Entry Application

### Youth With A Mission, Lusaka, Zambia.








Welcome to our Discipleship Training School Confidential Application and thank you for your enquiry about the YWAM Lusaka DTS. Many have testified to the dynamic, life changing experience the DTS's have been to them. Our DTS can be a great time of adventure as you come to know God in a whole new dimension.

The DTS live-learn philosophy is a community learning concept and is designed to help Christians to know God personally and to make Him known as a lifestyle and in the nations of the world. It is based on the scriptural principle of a body of believers who are one in spirit working together towards the same objectives. It has a strong emphasis on Christian character development and personal application of truth.

“This DTS has changed me, and brought me closer to God’s love, I have a deeper and greater fear of the Lord, and a strong desire to bring joy to His heart. My time in DTS has been so beautiful because he has changed me making me more like Jesus. That is what I wanted; for my life to become more like Him and to see His plans for my life unfold more. That is what happened in just 6 months. He has held me by the hand and taken me into a deeper relationship with Him.” (Previous DTS student)

#### Contents

##### Pages

2 - 3		<b><u>FA-1</u></b> Entry DTS Application
3		<b><u>OV-2</u></b> Overseas Applicants Only
4 - 5		<b><u>FR-3</u></b> Financial, Liability, Treatment
6		<b><u>FM-4</u></b> Confidential Health Form
7 - 9		<b><u>RF-5</u></b> External References
10		<b><u>RF-5</u></b> – Referee & Parent/Guardian Addresses
11		<b><u>CHECK LIST</u></b> for completion of DTS Application

Please read carefully each section before completing your application form.

If I can be of any assistance please don't hesitate to phone me on (+260 211-210549) or email me at [ywamlusaka@gmail.com](mailto:ywamlusaka@gmail.com)

I look forward to receiving your application.  
Blessings

DTS Director

# FA1- Entry Application

Please Print	
<p><b>(a) Personal Details</b></p> <p>Which DTS are you applying for? _____</p> <p>Mr ! Mrs ! Miss ! Ms !</p> <p>First Name _____ Middle Name _____</p> <p>Last Name _____</p> <p><b>(b) Permanent Address</b></p> <p>Street _____</p> <p>City _____</p> <p>State _____</p> <p>Post code _____</p> <p>Country _____</p> <p>Phone _____</p> <p>Mobile _____</p> <p>Fax _____</p> <p>E-mail _____</p> <p>Business _____</p> <p><b>(c) Mailing Address (if different from above)</b></p> <p>Street _____</p> <p>City _____</p> <p>State _____</p> <p>Post code _____</p> <p><b>(d) In case of emergency</b></p> <p>Contact _____</p> <p>Relationship _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____</p> <p>Post code _____</p> <p>Phone _____</p> <p>Fax _____</p> <p>E-mail _____</p> <p><b>(e) Pastor's name</b></p> <p>Name _____</p> <p>Church _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____</p> <p>Post code _____</p> <p>Phone _____</p> <p>Fax _____</p> <p>E-mail _____</p> <p><b>(f) Your Age</b></p> <p>Date of birth _____ / _____ / _____</p> <p style="text-align: center; font-size: small;">Day      Month      Year</p> <p>Place of birth/country _____</p>	<p><b>(g) Passport Number</b> _____</p> <p>Expiry date _____ / _____ / _____</p> <p style="text-align: center; font-size: small;">Day      Month      Year</p> <p>Place of Issue _____</p> <p>Citizenship _____</p> <p><b>(h) Languages spoken</b> _____</p> <p><b>(i) Musical ability or other talents</b> _____</p> <p><b>(j) Occupational skills</b> _____</p> <p><b>(k) Marital status</b></p> <p>Married !      Separated !      Single !</p> <p>Engaged !      Remarried !      Divorced !</p> <p>Widowed !</p> <p>Spouses name _____</p> <p><b>(l) Educational History</b></p> <p>High/secondary school or equivalent from which you graduated or will be graduating</p> <p>Name of _____</p> <p>High School(location) _____</p> <p>Certificate/Diploma _____</p> <p>I have completed high/secondary school !</p> <p>Other education (formal and informal) _____</p> <p><b>(m) Financial Support</b></p> <p>Do you have your complete school fees? Yes/No _____</p> <p>If not, how much do you presently have? _____</p> <p>Do you have financial support? Yes/No _____</p> <p>How do you anticipate the provision of the outstanding amount? _____</p> <p><b>(n) Additional questions</b></p> <p>Please prayerfully answer the following questions on a <u>separate sheet of paper</u>.</p> <p style="text-align: center;">(Print or type, and attach to your application form).</p> <p><b>(a)</b> Please describe your conversion experience and your present spiritual relationship with the Lord (no more than one page).</p> <p><b>(b)</b> What areas of your character are you presently seeking God to further develop and improve?</p> <p><b>(c)</b> Do you feel that God has given you, or is leading you into any particular area of ministry?</p> <p><b>(d)</b> What church involvement have you had?</p> <p><b>(e)</b> How would you describe relationships within your immediate family?</p> <p><b>(f)</b> Is there any outstanding problem or difficulty in your life?</p> <p><b>(o)</b> Are there any unresolved conflicts in relationships that you can identify?</p> <p><b>(p)</b> Why are you wanting to do a DTS – is there any particular reason you have chosen Lusaka, Zambia?</p>

# FA1- Entry Application

## (o) Signature of Agreement

If I am accepted by Youth With A Mission –Zambia, I will abide by the spirit, rules and schedule of the school.

Signature

(Applicant)

Date

/  /   
*Day Month Year*

Attach **two**  
photographs  
here

(p) Please send with your application a recent clear photograph – this helps us to be able to pray for you and also helps us to be able to identify you when we meet you.

---

## Zambian Applicants:

**Passports: Zambian citizen**

Be prepared to have a valid passport as your school may require you to travel into foreign countries. You can obtain a passport application from your local Post Office. After you have completed the application, deliver it to the right authorities.

## OV-2 Overseas Applicants:



### Visas (Very Important)

**Please do not apply for a visa until you receive notification from the DTS Registrar and the appropriate papers.**

(q) **We will apply for your student permit from here before you come. The cost of your student permit is USD \$150.**

**Important** – It is advisable for all potential overseas students to have their applications in to our office at least 8 weeks before the school, to allow adequate time to process your application.

### (r) Passports: Overseas Students (all)

Please ensure that your passport does not have an expiry date within the next year. If you are planning to join staff or go on to further training in YWAM , then your passport needs to have an even longer "lease of life" (expiry date not within the next two years).



**1 Acknowledgement of Financial Responsibility**

Your fees cover room and board (food), training costs, administration and transportation costs (for ministry purposes) during the lecture and outreach phase.

It does not include visas or personal expenses such as toiletries, snacks and postage, etc. The school fees include the costs for outreach phase (international or within Zambia). In order to maintain low fees, each student will be required to participate in scheduled duties.

**(s) Payment schedule for school fees:**

**Registration Fee:** Zambia: K30,000

**Registration Fee:** Developing Nations USD \$10

**Registration Fee:** Overseas Students (to be sent with the application) USD \$20 per student.

**Lecture and Outreach Phase:** Zambian K3,500,000 (due on arrival at course.)

Lecture and Outreach Phase: Developing Nations USD \$1,700 (due on arrival at course)

Lecture and Outreach phase: First World USD \$1,700 (due on arrival at course)

**Children's fees structure:**

Fees for the food and board of children accompanying their parents during a DTS are calculated on a monthly basis as follows:

Age: 0-1 year	Free	1-5 year	\$100	16+	\$200.00
6-10 years	\$150	11-15 years	\$200		

There may also be an extra cost for pre-school children if we are running a pre-school at the time of your DTS.

Students will not be able to begin their course unless they are able to make these payments. However if you contact the school director and explain your financial situation another payment schedule may be arranged.

**(t) How to make payment**

Cheques should be made out to "Youth With A Mission", Lusaka, not to the DTS. All payments must be made in Local currency for Zambian and USD Dollars for non Zambians. We would request overseas students pay tuition fees in form of Telegraphic Transfer or International Bank Draft as this will be required when applying for study permits. Cheques should be paid to "Youth With A Mission"

**(u) Refund policy**

It is expected that when students enrol they will continue through the entire course. However, in cases of termination or withdrawal from the program due to an emergency (e.g. death of a relative, disciplinary reasons, etc) any refund of tuition will be at the discretion of the DTS leaders on the following basis:

Prior to first class/session	100%	During the third week of classes	70%
During the first week of classes	95%	During the fourth week of classes	60%
During the second week of classes	85%	During the fifth week of classes	50%
		Beyond the fifth week of class	0%

(v) I confirm that I understand payment of the required school tuition fees must be made on or before my arrival, unless otherwise arranged with leadership, and I agree to do so. I also confirm that I am fully aware of the refund policy, my financial obligations, both to the Lord and to the students and staff of the school.

I therefore accept all responsibility for my fees, tuition and personal expenses incurred during my involvement with Youth With A Mission – Lusaka, Zambia.

**Signature**  \_\_\_\_\_  
 (applicant or Parent/Guardian)

**Date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Day Month Year

**Relationship** \_\_\_\_\_  
 (if applicant is under 18 years of age, signature of parent or responsible party is required)



**Statement of Burial and Liability Release**

We encourage each YWAMer, prospective student and volunteer to seriously consider some possible consequence of missions work and training. Although death is extremely rare in service with Youth With A Mission internationally and YWAM –Lusaka, Zambia, it is nevertheless an experience that awaits each one of us eventually and we need to prepare for it. In extensive travel in less developed countries where diseases are more prevalent, fatal accidents and sicknesses can occur. In these countries, burial is a real problem.

We would strongly encourage burial on the field, as decay can start very quickly. Shipping a body home could cost several thousand dollars. Also, a special expensive coffin maybe required by law in some countries and the coffin must be accompanied by someone on the return journey. We endeavour to maintain a Christian view of death; that it is not the final step but just a passage; that the person is not in the coffin, but just his earthly shell; and that the priority for limited resources must be for the living.

YWAM – Lusaka does everything possible to protect staff and students on the field. In case of death, YWAM - Lusaka cannot commit to cover the costs of shipping the body to another country for purposes of burial or to ultimately cover the burial costs in the country of death. If the family desires to see the body transported back home, the family must incur the cost.

YWAM – Lusaka strongly advises that every short-term volunteer have personal travel insurance (medical or death related coverage, transport, field burial, etc.) Long-term volunteers (staff) should carry personal health insurance (medical, hospital, etc.) with travel insurance clauses. This coverage is the exclusive responsibility of the individual. It is also strongly advised that every individual, regardless of age, have a will.

**2 Release of Liability**

I/We do hereby release Youth With A Mission – Lusaka , it's agents, employees, and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss which may be sustained by the said person during the course of involvement with Youth With A Mission – Lusaka.

Signature **X**

(applicant or Parent/Guardian)

Relationship

(if applicant is under 18 years of age, signature of parent or responsible party is required)

Date

/ /  
Day Month Year

**3 Consent for Treatment**

I/We hereby agree to the performance of such treatment, anaesthetics and operations as in the opinion of the attending physician is deemed necessary on: (applicant's full name )

First Name

Middle Name

Last Name

Signature **X**

(applicant or Parent/Guardian)

Relationship

(if applicant is under 18 years of age, signature of parent or responsible party is required)

Date

/ /  
Day Month Year

**4 Burial Statement**

I agree that in the case of my death while in Youth With A Mission - Lusaka, Youth With A Mission - Lusaka may carry out the burial in the location of the deceased. If my family desires to have the body shipped home, my family will pay for it. I hereby absolve Youth With A Mission – Lusaka and all its staff and associates of the burial costs.

Signature **X**

(applicant or Parent/Guardian)

Relationship

(if applicant is under 18 years of age, signature of parent or responsible party is required)

Date

/ /  
Day Month Year

## FM-4 Confidential Health Form



**To the Doctor - would you please complete this medical report bearing in mind that the applicant could travel and work in almost any country; often in primitive and stressful conditions.**

Applicant's name \_\_\_\_\_ Last Name \_\_\_\_\_

Doctor's name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

How long has this applicant been in your care? \_\_\_\_\_ years \_\_\_\_\_ months

**General Health**

Is the applicant able to walk 5 kilometres/3 miles in a day? Yes ! No !

If no, please explain \_\_\_\_\_

Could the applicant carry out reasonably strenuous physical work on a daily basis? Yes ! No !

If no, please explain \_\_\_\_\_

Height \_\_\_\_\_ metres Weight \_\_\_\_\_ Kilograms

Is the applicant over or under weight? Yes ! No ! If so, is this a risk to their health? Yes ! No !

If yes, please give details \_\_\_\_\_

Is the applicant under medical supervision? Yes ! No !

If yes, please give details \_\_\_\_\_

Is the applicant free from infectious diseases? Yes ! No !

If no, please give details (this may be a requirement of the authorities of the country to which the applicant is travelling) \_\_\_\_\_

\_\_\_\_\_

Does the applicant suffer from any of the following? If yes, please give details

Epileptic fits	Yes ! No !	_____
Anaemia	Yes ! No !	_____
Hypertension	Yes ! No !	_____
Respiratory problems	Yes ! No !	_____
Mental problems/depression	Yes ! No !	_____
Allergies	Yes ! No !	_____
Dental problems	Yes ! No !	_____
Adverse reactions to stressful situations	Yes ! No !	_____
Any other serious conditions	Yes ! No !	_____

List any medication that the patient is taking \_\_\_\_\_

**For women only**

Problems with her menstrual cycle? Yes ! No ! If yes, \_\_\_\_\_

Is the applicant pregnant? Yes ! No ! comment \_\_\_\_\_

Are there any other facts that might be relevant? \_\_\_\_\_

**Operations and serious illnesses - family medical history**

Please list any serious illnesses and operations that the **applicant** has had / any serious illnesses in **applicant's family**

*--- in the last five years requiring hospital treatment or non-hospital treatment that has had a long-term effect upon the person's health.*

Family member	Illness/operation	Date	Outcome
		/ /	
		/ /	
		/ /	

**Comments**

In your opinion is this applicant physically / mentally well enough to join a 6 month training program that is quite strenuous and emotionally demanding? Yes ! No !

Any other comments \_\_\_\_\_

\_\_\_\_\_

**Signature** X \_\_\_\_\_ **Date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Doctor) Day Month Year

# RF-5 Confidential Reference – Pastor/Spiritual Leader



## Applicant

First Name

Middle Name

Last Name

The above applicant has applied for admission to the Discipleship Training School, at Youth with a Mission, Lusaka, Zambia (YWAM). YWAM is a Christian mission-oriented, international, interdenominational organisation. YWAM, founded in 1960, now has centres in over 500 locations on all continents. Serious consideration will be given to your comments; therefore we ask that you complete this form carefully. Thank you for your assistance.

## Referee details

Mr ! Mrs ! Miss ! Ms !

Other

First name

Phone (h)

Last name

Phone (b)

Street

Mobile

City

E-mail

State

Fax

Post code

Position

Country

Church

## Character Profile

	Above Average	Average	Below Average		Above Average	Average	Below Average
1 Ability to follow	!	!	!	11 Leadership	!	!	!
2 Ability to work well with others	!	!	!	12 Mental ability/quick comprehension	!	!	!
3 Accountability	!	!	!	13 Personal appearance	!	!	!
4 Concern for others	!	!	!	14 Positive attitude	!	!	!
5 Emotional stability	!	!	!	15 Reliability/meets obligations	!	!	!
6 Financial responsibility	!	!	!	16 Response to authority figures	!	!	!
7 Flexibility/open to change	!	!	!	17 Response to pressure	!	!	!
8 Grateful spirit	!	!	!	18 Servant heart	!	!	!
9 Initiative/self starter	!	!	!	19 Spiritual growth observed	!	!	!
10 Industrial/hard worker	!	!	!	20 Teachable spirit	!	!	!

Does the applicant display high moral standards? Yes ! No !

If no, please explain

In your consideration, which of the following would best describe the applicant's Christian experience?

Mature ! Contagious ! Genuine & Growing ! Over-emotional ! Superficial !

Please comment on character - Strengths

Weaknesses

Is he/she able to work through personal problems without constantly depending on the counsel of others? Yes ! No !

Comment

Please add any other relevant remarks

What kind of ministry would you recommend this applicant for?

Would you have this person on your staff? Yes ! No !

Comment

Would you recommend the applicant for acceptance by Youth With a Mission, Lusaka?

Yes, unreservedly ! Yes, with hesitation ! No !

Comment

How long have you known the applicant? \_\_\_\_\_ years \_\_\_\_\_ months

Any other comments

Signature X

(Referee)

Date

Day / Month / Year

Please mail this form directly to:

Youth With A Mission

P.O. Box 32145

Lusaka

ZAMBIA

Phone: 260 211 210549

Email: ywamlusaka@gmail.com

Check our site : www.ywamlusaka.org

# RF-5 Confidential Reference – Employer/ Business Associate/Teacher



## Applicant

First Name

Middle Name

Last Name

The above applicant has applied for admission the Discipleship Training School, at Youth with A Mission (YWAM), Lusaka. YWAM is a Christian mission-oriented, international, interdenominational organisation. YWAM, founded in 1960, now has centres in over 500 locations on all continents. Serious consideration will be given to your comments; therefore we ask that you complete this form carefully. Thank you for your assistance.

## Referee details

Mr ! Mrs ! Miss ! Ms !  Other

First name	<input type="text"/>	Phone (h)	<input type="text"/>
Last name	<input type="text"/>	Phone (b)	<input type="text"/>
Street	<input type="text"/>	Mobile	<input type="text"/>
City	<input type="text"/>	E-mail	<input type="text"/>
State	<input type="text"/>	Fax	<input type="text"/>
Post code	<input type="text"/>	Occupation	<input type="text"/>
Country	<input type="text"/>	Position	<input type="text"/>

## Character Profile

	Above Average	Average	Below Average		Above Average	Average	Below Average
1 Ability to follow	!	!	!	11 Leadership	!	!	!
2 Ability to work well with others	!	!	!	12 Mental ability/quick comprehension	!	!	!
3 Accountability	!	!	!	13 Personal appearance	!	!	!
4 Concern for others	!	!	!	14 Positive attitude	!	!	!
5 Emotional stability	!	!	!	15 Reliability/meets obligations	!	!	!
6 Financial responsibility	!	!	!	16 Response to authority figures	!	!	!
7 Flexibility/open to change	!	!	!	17 Response to pressure	!	!	!
8 Grateful spirit	!	!	!	18 Servant heart	!	!	!
9 Initiative/self starter	!	!	!	19 Spiritual growth observed	!	!	!
10 Industrial/hard worker	!	!	!	20 Teachable spirit	!	!	!

Does the applicant display high moral standards? Yes ! No !

If no, please explain

In your consideration, which of the following would best describe the applicant's relational skills with other employees and management?

Mature ! Loyal ! Genuine commitment to work ! Lacks respect ! Superficial !

Please comment on character - Strengths   
Weaknesses

Is he/she able to work through personal problems without affecting their work or others? Yes ! No !

Comment

Please add any other relevant remarks

What kind of work would you recommend this applicant for?

Would you have this person on your staff? Yes ! No !

Comment

Would you recommend the applicant for acceptance by Youth With A Mission – Lusaka?

Yes, unreservedly ! Yes, with hesitation ! No !

Comment

How long have you known the applicant?  years  months

Any other comments

**Signature** X

(Referee)

Date

/ /  
Day Month Year

**Please mail this form directly to:**

DTS Registrar - Youth With A Mission  
P.O. Box 32145  
Lusaka  
ZAMBIA

Phone: +260 211 210549  
Email: ywamlusaka@gmail.com



### RF-5 Confidential Reference – Friend

#### Applicant

First Name

Middle Name

Last Name

The above applicant has applied for admission to the Discipleship Training School, at Youth With A Mission (YWAM), Lusaka, Zambia. YWAM is a Christian mission-oriented, international, interdenominational organisation. YWAM, founded in 1960, now has centres in over 500 locations on all continents. Serious consideration will be given to your comments; therefore we ask that you complete this form carefully. Thank you for your assistance.

#### Referee details

Mr ! Mrs ! Miss ! Ms !  Other

First name	<input type="text"/>	Phone (h)	<input type="text"/>
Last name	<input type="text"/>	Phone (b)	<input type="text"/>
Street	<input type="text"/>	Mobile	<input type="text"/>
	<input type="text"/>	E-mail	<input type="text"/>
City	<input type="text"/>	Fax	<input type="text"/>
State	<input type="text"/>		
Post code	<input type="text"/>	Occupation	<input type="text"/>
Country	<input type="text"/>	Position	<input type="text"/>

#### Character Profile

	Above Average	Average	Below Average		Above Average	Average	Below Average
1 Ability to follow	!	!	!	11 Leadership	!	!	!
2 Ability to work well with others	!	!	!	12 Mental ability/quick comprehension	!	!	!
3 Accountability	!	!	!	13 Personal appearance	!	!	!
4 Concern for others	!	!	!	14 Positive attitude	!	!	!
5 Emotional stability	!	!	!	15 Reliability/meets obligations	!	!	!
6 Financial responsibility	!	!	!	16 Response to authority figures	!	!	!
7 Flexibility/open to change	!	!	!	17 Response to pressure	!	!	!
8 Grateful spirit	!	!	!	18 Servant heart	!	!	!
9 Initiative/self starter	!	!	!	19 Spiritual growth observed	!	!	!
10 Industrial/hard worker	!	!	!	20 Teachable spirit	!	!	!

Does the applicant display high moral standards? Yes ! No !

If no, please explain

In your consideration, which of the following would best describe the applicant's commitment to friendships with others?

Mature ! Loyal ! Genuine commitment ! Lacks respect ! Superficial !

Please comment on character - Strengths   
Weaknesses

Please comment of any special ministry gifts or talents the applicant has.

What kind of ministry would you recommend this applicant for?

Would you recommend the applicant for acceptance by Youth With A Mission – Lusaka?

Yes, unreservedly ! Yes, with hesitation ! No !

Comment

How long have you known the applicant?  years  months

Any other comments

Signature **X**

(Referee)

Date

/  /   
Day Month Year

Please mail this form directly to:

DTS Registrar  
Youth With A Mission  
P.O. Box 32145  
Lusaka  
ZAMBIA

Phone: +260 211 210549  
Email: ywamlusaka@gmail.com



## RF-5 Referee/Parent/Guardian Addresses

### Applicant

First Name

Middle Name

Last Name

Please supply referee details below:

#### Referee – Pastor/Spiritual Leader

Mr ! Mrs ! Miss ! Ms !  Other

First name

Last name

Street

City

State

Post code

Country

Phone (h)

Phone (b)

Mobile

E-mail

Fax

Position

Church

#### Referee – Employer/Business Associate/Teacher

Mr ! Mrs ! Miss ! Ms !  Other

First name

Last name

Street

City

State

Post code

Country

Phone (h)

Phone (b)

Mobile

E-mail

Fax

Position

Occupation

#### Referee – Friend

Mr ! Mrs ! Miss ! Ms !  Other

First name

Last name

Street

City

State

Post code

Country

Phone (h)

Phone (b)

Mobile

E-mail

Fax

#### Parents/Guardians

We would like to be able to stay in touch with your parents/guardians while you are on the DTS.

Please supply details as below.

#### Parents/Guardians

Mr ! Mrs ! Miss ! Ms !

First name

Last name

Street

City

State

Post code

Country

Phone (h)

Phone (b)

Mobile

E-mail

Fax

Comments

